



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

Repository

11 0 10
16-DEC-2004

Reference No.
10103909

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WALNUTPORT State PA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMDU84W24Z [REDACTED]		Make FORD	Model EXPLORER	Model Year 2004
Date Purchased 8/16/2004	Dealer's Name and Telephone Number STATE COLLEGE FORD 814-238-5041		Engine: No: Cylinders 4.6 L V8	Fuel Type: UNLEADED
Original Owner <input type="checkbox"/>	Dealer's City STATE COLLEGE	State PA	Zip Code 16801	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-NOV-2004	Failure Mileage 24100	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

~~WHEN DOWN SHIFTING TO REVERSE GEAR VEHICLE JERKED FORWARD. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM.~~

*AK
VEHICLE'S TRANSMISSION HESITATES WHEN PUT IN REVERSE, THEN JERKS BACKWARD VIOLENTLY AND DANGEROUSLY. VEHICLE ALSO SHIFTS ROUGHLY FROM 2nd TO 3rd. TAKEN BACK TO DEALER, ADVISED THIS WAS PROBLEM W/ ALL NEW EXPLORERS (INCLUDING A 2004 MY FIANCE'S MOTHER BOUGHT). PROBLEM IS RESOLVED FOR NOW BUT I AM VERY CONCERNED IT WILL COME BACK (I HAVE READ OF THIS HAPPENING TO OTHERS).

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.